(Includes Refe	rence to FCT Interna		POWER OF ATTORNEY	ATTORNEY'S DOCKET NUME LOM-40		
As a below nam	ned inventor, I hereby	declare that:		·		
My reside	ence, post office addres	ss and citizenship are as stated below ne	ext to my name.			
I believe I names are	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  GASTRIC RING					
			-			
the specifi	ication of which (checl	conly one item below):				
· 🗆	is attached hereto.					
	was filed as United S	tates application				
•	Serial No.					
	on					
	and was amended					
	on (if applicab	le).				
$\boxtimes$	was filed as PCT inter	national application				
	Number PCT/FR2003	3/00163 <u>1</u>				
	on May 30, 2003,					
	and was amended und	er PCT Article 19				
	on(if applicabl	e).				
I hereby sta amended by	ate that I have reviewe y any amendment refer	d and understand the contents of the attred to above.	pove-identified specification, inclu	uding the claims, as		
		se information which is material to pate material information which became avai filing date of the continuation-in-part a		1.56, including for prior application and		
I hereby cla	nim foreign priority be	nefits under 35 U.S.C. 119(a)-(d) or (f	), or 365(b) of any foreign applic	ation(s) for patent,		
		r plant breeder's rights certificate(s), or this continuation of the continuation of t				
before that of	of the application on w	hich priority is claimed.	any PC1 international application	having a filing date		
PRIOR FOREIGN AP	PLICATION NUMBER(S)	COUNTRY	FOREIGN FILING DATE	PRIORITY NOT CLAIMED		
02/0		FRANCE	(MM/DD/YYYY) May 31, 2002			
		•				
POWER OF ATT	TORNEY: As a named	inventor, I hereby appoint the attorneys	and agents at Millen White Zo	lone & Descious DC		
that are associat Office connected	ted with <u>Customer N</u> therewith.	umber 23599 to prosecute this applicat	ion and transact all business in the F	Patent and Trademark		
Send Correspond	ence to:Customer No. 2	Telephone No.	Direct Telephone C	Palls to:		
		703/243-6333	I. William Millen	ans to.		

## Combined Declaration for Patent Application and Power of Attorney (Continued) (Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER LOM-40

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2	FULL NAMI OF INVENTO		FIRST GIVEN NAME Roland	SECOND GIVEN NAME
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	POST OFFICE ADDRESS	176 bis, faubourg St. Vincent	ORLEANS	STATE & ZIP CODE/COUNTRY 45000, FRANCE
2 0 2	FULL NAME OF INVENTOR		FIRST GIVEN NAME William	SECOND GIVEN NAME
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2	FULL NAME OF INVENTOR	FAMILY NAME BERRET	FIRST GIVEN NAME Philippe	SECOND GIVEN NAME
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<u> </u>	POST OFFICE ADDRESS	39, avenue de al Mer	ST PAUL ET VALMALLE	STATE & ZIP CODE/COUNTRY  34580, FRANCE
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
0 4	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
5	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST O FFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
6	RESIDENCE & CITIZENSHIP	СІТҮ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	PO ST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
0 7	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
Γ	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY

## Combined Declaration for Patent Application and Power of Attorney (Continued) (Includes Reference to PCT International Applications)

ATTORNEYS DOCKET NUMBER
LOM-40

2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
8	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
0 9	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	СІТУ	STATE & ZIP CODE/COUNTRY
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
1 0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
1	RESIDENCE & CITIZENSHIP	СІТҮ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	СІТҮ	STATE & ZIP CODE/COUNTRY
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
2	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201  KOYAUS BOUSAU	12/03/05	SIGNATURE OF INVENTOR 207	DATE
SIGNATURE OF INVENTOR 2007 William Harall	DATE 01 05	SIGNATURE OF INVENTOR 208	DATE
Philipe BERDET	2-1/0-1/05	SIGNATURE OF INVENTOR 209	DATE
SIGNATURE OF IN PENTOR 204	DATE	SIGNATURE OF INVENTOR 210	DATE
SIGNATURE OF INVENTOR 205	DATE	SIGNATURE OF INVENTOR 211	DATE
SIGNATURE OF INVENTOR 206 /	DATE	SIGNATURE OF INVENTOR 212	DATE